SMOKING CESSATION CLASSES AND THEIR EFFECTIVENESS IN THE FEDERAL BUREAU OF PRISONS

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ABSTRACT

The purpose of this study was to determine if smoking cessation classes are being offered to inmates who wish to quit smoking, identify when and what type of classes offered, who is responsible for facilitating the class, the training provided to the facilitator, and the success rates of those who attend the classes. The Federal Bureau of Prisons places strong emphases on the medical care of inmates and the costs of this care. Smoking has been proven to be the leading preventable cause of illness and disease. A questionnaire was developed by this researcher to elicit information about smoking cessation classes in the Bureau of Prisons (BOP). It consisted of four parts: demographic data, setting, facilitator education, and data on the smoking cessation class itself. The questionnaire was evaluated by a panel of two persons with expertise in the area of smoking cessation. A pilot study consisting of six facilitators was conducted to evaluate test-retest reliability. The major study consisted of all ninety-six institutions. Descriptive statistics were used for data analysis. Study findings suggest that at the present time there are no policies and procedures on smoking cessation classes in the BOP. Smoking cessation classes are being offered by some but not all institutions and on various schedules. Knowledge and training levels differ greatly among the facilitators. In almost all cases nicotine replacement and other therapies are not available. Further research is recommended to determine future needs such as a more standardized type of smoking cessation class, regular training programs for smoking cessation facilitators, and ways of keeping better records on success rates.

Key Words: **facilitator institutions descriptive data Bureau of Prisons inmates**

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by

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PREFACE

This research was conducted to provide information on smoking cessation classes in the Federal Bureau of Prisons. It was designed to support future efforts in smoking cessation.

DEDICATION and/or ACKNOWLEDGMENT

To my family who had so much faith in my abilities, I dedicate the creation of this thesis. Without their love and support I could never have attained my dreams.

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CHAPTER I: INTERDUCTION

Due to increased knowledge of the hazardous effects of cigarette smoking to smokers as well as to nonsmokers, smoking cessation programs have become of utmost importance in the battle to get people to stop this deadly habit. Cigarette smoking is the leading preventable cause of death in the United States. Nearly 46 million adults smoke, and one fifth of the annual deaths in this country (about 400,000) are attributable to smoking-related problems. Smoking results in $50 billion in direct medical costs each year and another $47 billion in indirect costs, such as time lost from work (Westman, 1998). Tobacco kills 400,000 people each year, a figure that exceeds the combined deaths from AIDS, car accidents, murders, suicide, and drugs (American Cancer Society, 1998).

The effects of smoking are described as pleasurable by some but can prove deadly for even more. Smoking is a powerful and self-reinforcing behavior. Smoking decreases stress and tension, which is important in both initiating use and continuation of the behavior. More than 4000 chemical compounds have been identified in tobacco smoke. Many of these chemicals are toxic and several are known carcinogens or tumor imitators and tumor promoters (American Cancer Society, 1998).

Complications of smoking include respiratory disease, cardiovascular disease, and increased incidence of cancer of the mouth, throat, lungs, bladder, pancreas, and kidneys. Smoking has also been associated with the development of peptic ulcers and cirrhosis of the liver (Lewis & Collier, 1992).

Almost no children die from tobacco, adults are the ones addicted to cigarettes

(U.S. News & World Report, 1997). According to Dr. Eric Westman, Medical Director of the Duke and Durham (NC) VA Nicotine Research Program, nicotine is a highly addictive drug and conquering nicotine addiction is as difficult as quitting heroin, cocaine, or alcohol. The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) defines nicotine addiction as: 1) daily nicotine use for several days; 2) the presence of four or more of the following symptoms after abrupt cessation or reduction of nicotine use: depressed or moody feeling; difficulty sleeping; increased irritability; frustration, or anger; difficulty concentrating; increased restlessness; or increased appetite; 3) clinically significant distress or impairment in social, occupational, or other important areas of daily living brought on by the above symptoms (Luer, 1998). The overwhelming evidence of nicotine addictive effects indicate a clear need to assist people with smoking cessation.

Because nicotine addiction is perpetuated by both physiologic and psychosocial factors, a successful intervention program must address both issues. Various methods to promote smoking cessation have been developed over the past 30 years. Unfortunately, although many met with initial success, relapse has been a major obstacle to long term abstinence. Factors including cigarette craving, depression, and weight gain are closely interwoven. Drug therapies in conjunction with behavioral interventions may significantly increase the success of abstinence (Luer, 1998). Structured smoking cessation classes can offer both drug and behavioral assistance as well as a support system.

With advances in achieving a clean air environment and to protect the health and

safety of staff and inmates, the BOP has restricted the areas and circumstances where smoking is permitted within its institutions and offices. The restrictions apply equally to staff and inmates. According to Program Statement #1640.03, published on July 1, 1994, the hazards of tobacco smoke are well established by medical and public health authorities. The risks posed to nonsmokers by passive inhalation of environmental tobacco smoke are of particular concern. The Surgeon General has concurred with scientific research which indicates that involuntary smoking is a cause of disease, including lung disease in healthy nonsmokers. On January 7, 1993, the Environmental Protection Agency officially endorsed a report by an outside panel of scientific advisors to the agency, which stated "exposure to second-hand smoke causes lung cancer in adults and greatly increases the risk of respiratory illness in children (p.101)."

Consistent with the implications raised by this report, the BOP established a long range goal of creating a smoke-free workplace and clean air environment. To achieve this goal, the Bureau has established the Office of Health Promotion and Disease Prevention to help individuals develop a healthier lifestyle, including smoking cessation.

Of the nearly 46 million adults who smoke, 34% try to quit each year, but only 2.5% succeed. Motivation is the key to a successful effort. Even with motivation, however, smoking cessation rates in the most successful programs rarely reach more than 20% to 30% (Leur, 1998). Until recently the BOP offered only smoking cessation classes with no nicotine replacement therapy. This was due to many factors including the prohibition of any form of chewing gum which could be used by the inmate to destroy locks on doors. With the advancement of replacement therapies such as the patch and

nasal sprays the BOP has recently added the nicotine patch to its smoking cessation programs.

In 1996, nicotine replacement therapies became available for over-the-counter use in transdermal and gum forms. Nicotine nasal spray has recently been approved for use (by prescription) in the United States and oral inhalers are in the investigational stage of development (Luer, 1998). It is suggested that nicotine replacement therapies be used in conjunction with counseling to optimize efficacy. The nicotine patch reduces the risk of smoking withdrawal symptoms by releasing a constant dosage of nicotine through the skin. Because the nicotine dosage is lower than that received from cigarettes, it is easier to withdraw from the patch (Fiore, Smith, Jorenby, & Baker, 1994).

According to Westman (1998), as many as 70% of heavy smokers have expressed the desire to quit and would consider doing so if it were advised by their health care provider. Health care providers are prime candidates for recruiting patients into smoking cessation programs. Nurse Practitioners (NPs) and Physician Assistants (PAs) are urged to become involved in the smoking cessation process by working as counselors or group facilitators. Westman also stressed that formulary committees must be advised to make smoking cessation aids available. This is a highly cost effective approach to health care since smokers have higher health care utilization rates than nonsmokers.

NPs and PAs are in a position that would allow them to not only encourage patients who smoke to join a smoking cessation class but they could also assist with the class, the nicotine replacement therapy, and follow up care which has been shown to be a

critical time for many who struggle to remain smoke free.

Purpose of the Study

A third of a century has passed since the first U.S. Surgeon General's report on smoking persuasively assembled the scientific case on the lethal effects of the habit. It showed that smoking was a primary case of death in America. Americans have prematurely lost 4 million collective years of life (Kluger, 1997).

Prison medicine needs public health guidance to assure that its future is focused on preventing illness as well as providing first rate care. The mission of public health is to assure society that the conditions in which people live and work are healthful. Neglecting the health of 8 million citizens who pass through prisons annually and the well being of those in close contact with them is perilous to society (Weisbuch, 1992).

The problems faced by prison practitioners are legion. On any given day of the week 75,000 to 80,000 visits to sick call are evaluated by prison health care personnel in all prisons in the U.S. The total annual cost of providing health care to prisoners is estimated to be greater than $1.5 billion. Health promotion and disease prevention through smoking cessation classes could greatly decrease these numbers (Weisbuch, 1992).

The purpose of this study is to determine if smoking cessation classes are being offered to inmates who wish to quit smoking, identify what type of classes are offered, what nicotine replacement therapies or other aides are available, who is responsible for facilitating the classes, the training provided to the facilitator, and the success rate of those who attend the classes

Research Questions

It is the purpose of this research to examine and answer the following questions:

1. Are smoking cessation classes being offered in the Federal Bureau of Prisons?
2. What nicotine replacement therapies are offered?
3. Who is conducting the class and educating the inmate on smoking cessation?
4. What training is given to the class facilitator?
5. What are the success rates?

Conceptual Framework

Since the U.S. Surgeon General's first Report on Smoking and Health in 1964, public and private agencies have engaged in a broad variety of activities designed to reduce the incidence and prevalence of smoking (Weisbach, 1986). In researching the topic of smoking cessation in the Federal BOP it was clear that the problems of working toward a smoke free environment offered a challenge to both the smoker as well as the BOP.

According to King (1981) a basic assumption is made that the focus of nursing is the care of human beings. If the goal of nursing is concern for the health of individuals and groups, and one accepts the premise that human beings are open systems interacting with environment, then a conceptual framework for nursing must be organized to incorporate these ideas. King developed a conceptual framework consisting of an open system encompassing three parts (personal, interpersonal, social) and a theory of goal attainment.

An awareness of the complex dynamics of human behavior in nursing situations prompted the formation of a conceptual framework that represents personal, interpersonal and social systems as the domain of nursing (Marriner-Tomey, 1994). This framework is chosen for this research because when providing care within the prison both providers and inmates work within all three systems and towards a common goal. Although King's focus is on the nurse her theory can be applied to any health care provider, so the term "provider" will be used for the remainder of the discussion of her theory.

Individuals are called personal systems. This means the provider and patient (inmate) are each total systems. King states that individuals have a right to knowledge about themselves, a right to participate in decisions that influence their life, their health, community service, and a right to accept or reject health care (Marriner-Tomey, 1994). When human beings enter a new or strange environment for the first time, their perceptions of persons, objects, and events influence their actions and reactions in the situation (King, 1981).

All inmates enter a new and strange environment when first confined to prison. They lose a sense of control over their lives including health care. They no longer have a choice of when and where to seek attention for their health care needs. Types of available health care are limited. When smoking policies are changed, the effect is felt by the entire prison population. Inmates who smoke often view these changes as punishment or as yet another act to show the power others hold over their decision making.

In the conceptual framework, emphasis is on human beings who function in several

types of interpersonal systems. Two or more individuals interacting are called dyads, three individuals interacting are called triads, and four or more individuals interacting are considered small or large groups. As the number of individuals increase, the complexity of the interaction increases (King, 1981). When interacting with individuals good communication skills are essential. When offering smoking cessation classes inside prison walls the differences in knowledge levels as well as in cultures must be addressed. Who facilitates the class, their communication skills, and knowledge of the subject can assist in making the program a success or just another frustrating experience for the inmate.

Smoking cessation programs have grown considerably in number, in the variety of their approaches, duration, and effectiveness. Most organized programs involve groups of 8 to 15 smokers led in a structured program by an experienced group leader who is often a psychologist or health educator (Weisbach, 1986). Whenever possible, smoking cessation treatments should be appropriately tailored to ethnic or racial groups. As smoking has become more popular among the less educated and economically disadvantaged groups, programs need to target this population (Westman, 1998).

The last system discussed in Kings conceptual framework is the social system. King defines a social system as an organized boundary system of social roles, behaviors, and practices developed to maintain values and the mechanisms to regulate the practices and rules. According to King (1981), knowledge of the influence of social systems on the behavior of individuals and groups is relevant for providers. Providers have multiple opportunities to function in diverse settings, and to be effective in their professional roles

they must have an understanding of the background of individuals in social systems and of the health care systems within which they function. It is clear that a prison is indeed a diverse setting. The provider who hopes to assist groups of inmates to quit smoking must understand the various backgrounds of the inmates, the social system in which they are presently living, as well as the institutional rules.

At the present time smoking cessation classes are offered by some Federal Prisons and taught by a variety of persons in various ways. This research will obtain information on who is teaching the smoking cessation class, how often the class is offered, the experience or education level of the provider, and the success of the class.

Conceptual and Operational Definitions

Tobacco Cessation. The temporary or complete discontinuance of tobacco products.

Nicotine Replacement. Products used to replace the nicotine that would normally be present in the body of a tobacco user. Nicotine content is less in replacement product than in tobacco smoke. Therapy used to assist in smoking cessation.

Health Promotion. Science of assisting people in changing their beliefs or lifestyle towards an optimal state of health and wellness.

Inmate (prisoner). Person who is confined in prison or kept in custody usually due a legal process.

Nurse Practitioner. A registered nurse with advanced preparation in the care of particular types of patients with whom the emphasis is on primary care. This nurse includes medical skills with his or her practice of nursing.

Physician Assistant. A specially trained individual who performs tasks usually done by a physician under the direction of a supervising physician.

Provider. Any person who gives a service or cares for the needs of others.

Institution. A place of confinement such as a prison.

Patient Education. The process of influencing patient behavior, changes in knowledge, attitudes and skills required to increase the patients ability to make decisions regarding their health and health care.

Assumptions and Limitations

The following limitations have been identified in this research.

1. It may be difficult to get the information on who is providing smoking cessation classes in each institution. (Various individuals teach these classes.)

2. An individual teaching class may not keep accurate records of persons who remain smoke free after the classes are finished.(Many of these individuals have other responsibilities that limit the time they have for follow-up.)

3. Time constraints may be a problem because of the number of Federal Prisons that must be contacted and the widespread locations. (There is a limited time to get surveys out and returned. Each warden must be contacted by letter to forward the survey to the individual instructing the class.)

Assumptions for this research are:

1. That surveys will be answered in a timely manner.

2.Surveys will be answered honestly.

3. All institutions have inmates interested in the classes.

CHAPTER TWO: REVIEW OF LITERATURE

A review of literature on the topic of smoking cessation in the Federal Bureau of Prisons, shows that studies conducted by various health agencies repeatedly agreed that tobacco was the leading cause of preventable illness and death. Health promotion and disease prevention are of primary interest to all health organizations and health care professionals. Smoking cessation should be a major focus in the efforts to decrease morbidity and mortality attributed to tobacco products.

Health Effects of Tobacco

Multiple journal articles, books and other references are in agreement that tobacco use is the chief avoidable cause of illness and death in our society. Tobacco products have been shown to contain thousands of irritants, toxins, and carcinogens and are responsible for more than 400,000 deaths in the United States each year, exceeding the combined deaths from AIDS, car accidents, murders, suicide, and drugs (American Cancer Society, 1998). Smoking is a known cause of cancer, heart disease, stroke, and pulmonary disease (Fiore, Bailey, & Cohen, 1996; American Cancer Society, 1998; Lewis & Collier, 1992). Smoking is responsible for at least 29% of all cancer deaths, is a major cause of heart disease, and is associated with conditions ranging from colds and gastric ulcers to chronic bronchitis, emphysema, and cardiovascular disease (American Cancer Society, 1998).

The use of tobacco products is widespread, even though the dangers are well known by the public. Recent studies estimate that 25% of Americans smoke, and the number of adolescent smokers is rising. Research shows that more than 3,000 children

and adolescents become addicted to tobacco each day (Sesney, Kreher, Hickner, & Webb, 1997; American Cancer Society,1998).

Tobacco incurs staggering costs to society. Researchers agree that an estimated 50 to 60 billion dollars is spent for smoking related medical care and another 47 billion is lost in low productivity and forfeited earnings due to smoking related disability (Fiore, Bailey, & Cohen, 1996; Westman, 1998).

Smoking in Prisons

According to several reports by the American Jail Association (1997) inmates and correctional staff traditionally are known to be frequent users of tobacco products. The prevalence of smoking also remains disproportionately high among blacks, blue collar workers, and people with fewer years of education essentially the same population seen in U.S. prisons. In a survey conducted May 1, 1990 in a women's prison in Illinois, 81% were cigarette smokers with 73% reporting smoking at least one pack of cigarettes per day. Prior surveys of male prisoners have shown smoking rates of 85%, which is nearly three times that of the noninstitutional population.

The United States Environmental Protection Agency reported in 1993 that environmental tobacco smoke (ETS), is one of the most widespread and harmful indoor air pollutants. Research articles, books, and special reports have shown that from 2500 to 5100 nonsmokers may have died because of ETS (U.S. Dept. Of Health And Human Services, 1996).

ETS causes an estimated 35,000 to 40,000 deaths from heart disease in people who are not current smokers. Secondhand smoke causes other respiratory problems in

nonsmokers: coughing, phlegm, chest discomfort, and reduced lung function. Nearly 9 out of 10 nonsmokers (88%) are exposed to ETS (American Cancer Society, 1998; Burke, 1990)

There have been many publicized cases on the rights of inmates and the issue of smoking. On June 18, 1993, the United states Supreme Court in a seven to two decision, held that inmates have a constitutional right to be free from unreasonable risks to future health problems from environmental tobacco smoke (Vaghn & del Carmen, Sept. 1993). In Helling vs. McKinny and Avery vs. Powell, legal and policy issues are discussed with the focus on correctional facilities. Both claims state that forcing a prisoner to breathe the tobacco smoke from his cellmate's smoking may constitute cruel and unusual punishment under the Eighth Amendment. The court said that a prisoner need not show that the smoke has created or is creating a current health problem, but rather can rely upon evidence based upon possible future effects of the smoke (Vaghn & del Carmon, 1993; Action on Smoking and Health, 1998).

The cases upholding bans on smoking in correctional facilities show that there is no constitutional prohibition against banning smoking in these facilities. Policies that ban smoking are not considered punishment and do not deprive inmates of essentials of a defined and civilized life (Vaghn & del Carmon, 1993). Many correctional facilities already restrict areas and times when smoking is permitted. In a survey conducted in 1987, by the American Correctional Association on issues of smoking, most correctional officials have serious reservations about the effects of additional smoking restrictions. The majority think it would make their job more difficult and worsen the overall

environment of their facility (Swahl, 1987).

Hazards of ETS to Nonsmokers

It has been shown through several research studies that simple separation of smokers from nonsmokers within the same air space may reduce, but not eliminate, the exposure of nonsmokers to environmental tobacco smoke. Studies of indoor air pollution conducted by the U.S. Environmental Protection Agency have shown that where people are smoking, levels of indoor air pollution routinely exceed federal outdoor air pollution limits for particulate air pollution (National Information Center, 1997).

According to several studies gathered by the National Information Center for corrections, if ventilation were increased, the health risks for secondhand tobacco smoke would decrease. Unfortunately, cigarettes make so much smoke that nonsmokers in the same areas, experiencing typical smoking and ventilation conditions, face a cancer risk that is 200 times the maximum acceptable cancer risk set by federal standards for environmental carcinogens in air, water or food. In order to achieve an acceptable cancer risk for nonsmokers, the ventilation rates would have to be increased 270 times. Even separating smokers from nonsmokers within a common area does not resolve the problem. If smokers and nonsmokers are separated from each other physically, but still share the same ventilation system, recirculated tobacco smoke will still expose nonsmokers to an unacceptable risk. If smoking were confined to an area not frequented by nonsmokers and with a separate ventilation system, or if smoking were eliminated entirely, the risk to nonsmokers would be eliminated.

Smoking Cessation

With all the information on effects of tobacco smoke, the BOP has established a long-range goal of creating a smoke-free workplace and clean air environment. To achieve this objective, the BOP established the Office of Health Promotion and Disease Prevention to help individuals develop a healthier lifestyle, including smoking cessation. After doing several literature reviews, little information was obtained on smoking cessation activities in the BOP. No data was found on the number of facilities that have smoking cessation classes at this time. This research study will attempt to provide this information as well as data on the numbers of inmates and staff utilizing these services.

Offering smoking cessation programs to employees and inmates is a key step in the process of becoming a smoke free organization. Smoking interventions yield a high return on investment, second only to seat belt programs. In a 1987 study on economic savings from health promotion conducted by the Michigan Departments of Management and Budget and Public Health, it was projected that $1.00 invested in smoking intervention could produce savings of $15.26 over the working lifetime of the participant (Romero & Connell, 1988; NIC, 1998).

Many articles were found that agree on the following information concerning smoking cessation programs and their success. Smoking cessation programs have grown in number, approaches, duration and effectiveness. Most organized programs involve groups of 8 to 15 smokers led by an experienced group leader who is often a psychologist or health educator. Success rates are based on 12 month follow-ups. Complete cessation and continued abstinence from smoking for one year should be the primary criteria of

success based on all participants who enter the program (American Cancer Society, 1998; Center for Disease Control, 1990; Weisbach, 1986).

The median quit rate for group methods of cessation is 20 to 30 percent. Combining interventions, such as nicotine replacement, behavior modification, and good follow-up, can increase success rates to as high as 50 percent. Identifying inmates who have the desire to quit and meeting with them regularly in a group can assist them in attaining their goal to quit smoking (NIC, 1998).

Nicotine replacement is now being offered by the BOP as part of their smoking cessation program. According to several articles by the Center of Disease Control as well as the American Cancer Society, except in special circumstances, everyone should be offered nicotine replacement therapy. Nicotine replacement products help relieve withdrawal symptoms during the quitting phase of the smoking cessation program (Westman, 1998; Surgeon's Generals Report, 1990).

In summary, the literature clearly shows the health risks of tobacco smoke. Tobacco use places individuals at a higher risk for cancer and other diseases. Studies support the relationship between secondhand smoke and an increased incidence of cancer and disease among nonsmokers. The Bureau of Prisons identified the need to decrease the health risks of tobacco smoke to inmates and staff. Over the past several years there have been many changes in the smoking regulations within the federal prisons. Smoking cessation has been a top priority in the fight for health promotion and disease prevention. Statistics show that there is a higher rate of tobacco use in the prison population than in the general public. Along with the apparent health risks associated with smoking,

research has shown the enormous costs involved in caring for individuals with tobacco smoke related diseases. Tobacco cessation strategies, which are available in various methods, have been shown to be successful in assisting smokers to quit. Studies show that, although there are many types of smoking cessation offered, a combination of counseling and nicotine replacement has a better success rate than counseling alone. Health care providers must offer any assistance and support available to assist this population in becoming smoke free and increasing their chances for a healthier future.

CHAPTER THREE: METHODOLOGY

The purpose of this study was to describe smoking cessation activities in the BOP. This chapter describes the methodology of the study: the research design, sample, tool development and instrumentation, validity and reliability, protection of human rights, and data analysis.

Research Design

A descriptive research design was implemented in order to describe smoking cessation activities in the BOP. The descriptive data which were obtained led to the findings, conclusions, and recommendations for future research in this area. Descriptive statistics were generated to give information on facilitators, frequency, attendance, and success rates of smoking cessation classes in the BOP.

Sample

The target population consisted of BOP employees who act as facilitators for smoking cessation classes. All 96 BOP facilities were used for this study. Each was contacted through the warden who was sent a letter explaining the study and asking for his approval. The warden then forwarded the survey to the person who facilitates the smoking cessation activities in that particular facility. This had to be done because the facilitators differ as to the department in which they work. Facilitators may work in medical, psychological, education, or recreation services, as well as other areas of which this researcher is not aware. By contacting the warden first the survey could be sent directly to the department involved. The accompanying cover letter explained the purpose of the research along with the protection of human rights.

Instrumentation: Tool Development and Design

To accurately obtain information regarding the research questions, a tool was developed based on a thorough literature review of successful smoking cessation programs. However, an assessment tool was not found that specifically addressed smoking cessation activities in a prison setting. Therefore a tool was developed that would generate the information needed to describe facilitators, frequency, attendance, and success rates needed for this study.

The questionnaire consisted of four parts. Part One requested demographic data to include age, gender, years worked in BOP, area of speciality, and region located. This data is relevant in obtaining information on smoking cessation activities within the BOP.

Age and gender were obtained to describe the sample members. It is possible that age and gender play a part in the facilitators attitude regarding tobacco use. Area of speciality could make a difference as to the level of understanding the facilitator has about tobacco use as well as the training needed to facilitate classes. Regional location was included because the type of inmate varies according to location of the institution. Different populations require different tobacco cessation strategies.

Part Two addressed the setting or type of institution. Were they located at a camp, hospital, low, medium, or high security institution? This section incorporated a number of variables addressing both the resources available to the facilitator and the resources available to the inmate regarding to what extent and how often smoking cessation activities are offered in their facility.

Part Three sought information concerning the educational preparation regarding smoking cessation. Respondents were asked how they became involved in facilitating smoking cessation classes and any training they had or were given in this area.

Part Four requested data about smoking cessation classes in general. It asks what methods were used, lecture, role play, discussion, films. This section also asks the number of inmates attending classes, follow up provided, and success rates, along with any nicotine replacement or medication use in their program.

Instrumentation: Validity and Reliability

Validity Testing:

Validity pertains to the extent to which the tool actually reflects the problem being measured. Evidence for content validity of the tool developed for this research was obtained by utilizing a review panel of two persons with expertise in the area of smoking cessation. One member of this panel was a masters prepared NP and the other a doctorate prepared NP with expertise in this area. Revisions were made according to their recommendations.

Reliability Testing:

Reliability is concerned with how consistently the tool measures variables related to the research problem (Burns et al., 1993). For this study, test-retest reliability was performed in order to elicit information regarding the consistency of the measured responses over time.

The instrument was administered to five smoking cessation class facilitators in different BOP's, on two occasions, two weeks apart. Scores were compared by computing the

percentage of agreement in the two responses. There was a one hundred percent agreement in responses. Results assisted in providing information on use of the tool for this population.

Protection of Human Rights

This study involved no patient contact. Participants were contacted by their warden not by the researcher. Completed questionnaires were returned in a self-addressed, stamped envelope which was be provided. Participants could withdrawal from the study by simply not returning the questionnaire. A returned completed questionnaire was considered as their permission to participate. There was no risk or benefit to participants or nonparticipants.

Plan for Data Analysis

Descriptive statistics were used to gather information and provide frequencies, percentages, and means. A cross tabulation of relevant variables was used to give more explanatory data, (looking at facilities that have smoking cessation classes compared to those who do not have smoking cessation classes). The Statistical Packages for the Social Sciences (SPSS) program was used to process the data and obtain summary statistics.

Summary

This descriptive study was designed to gain more information on smoking cessation activities in the BOP. The questionnaire used in this study was a researcher-developed, self-reporting tool used to obtain the data needed to answer the research questions stated in the purpose of the study.

The sample included all 96 BOP facilities. This permitted adequate representation from various types of facilities from various regions and gave more complete and accurate data. A pilot study was conducted prior to data collection to verify instrument validity and reliability. Human rights were protected by the use of anonymous questionnaire responses.

CHAPTER IV DATA ANALYSIS

Introduction

The purposes of this study were to determine if smoking cessation classes are being offered by the Federal Bureau of Prisons (BOP) to inmates who wish to quit smoking, to identify what types of classes are being offered, what nicotine replacement therapies or other aids are available, who is responsible for facilitating the classes, the training provided to the facilitator, and the success rate of those who attend. The method for this study was descriptive. Smoking cessation class facilitators from various Federal prisons were surveyed using a questionnaire developed by the student researcher.

This chapter will give an overview of the data collected. It will describe sample demographics, knowledge and skill levels of facilitators, the types of facilities offering classes, how often these classes are scheduled, how many attend the classes, the waiting time to get into a class, what teaching methods are used in these classes, and the success rates.

Sample

After receiving IRB approval from the Uniformed Services University and the BOP, questionnaires were mailed to all 96 Federal prisons. A cover letter explaining the research project was sent to the warden of each facility along with a questionnaire to be forwarded to the smoking cessation class facilitator. By forwarding the cover letter and questionnaire to the facilitator, the warden was essentially giving permission for the institution to participate in this study. A total of 51 questionnaires were returned, a return rate of 53%. Of the questionnaires returned, 28 were completed and six included two

institutions (because the same person taught at both), which brought the total number of facilities offering classes to 34. Twenty-three questionnaires were not filled out because smoking cessation classes were not offered at the facility. Six respondents stated they have had classes in the past but have not had any for the past year.

Demographics

As seen in Table 1 the majority(64%) of facilitators were male. Most facilitators were between 30 and 40 years of age and all had been employed by the BOP for at least two years. Nearly one-third having been employed over 15 years. Almost a third of the facilitators worked in psychology services, while 21% worked in education, 18% in corrections, 14% in medical, 11% in recreation, and 4% in other areas.

Setting

The majority of smoking cessation facilitators who answered the survey (68%) were at a federal correctional institute (FCI). Of these, six also taught in the camp which is located in the same complex. Completed questionnaires were not received from any low security correctional institute (LSCI) or federal detention center (FDC), and only one response was obtained from a federal medical center (FMC). Non response may have been time restraints placed on the facilitator to return the questionnaire within two weeks. All the smoking cessation class facilitators have other responsibilities in their regular positions within their department and may not have obtained the questionnaire within the time frame. Some facilities have contracts with people outside the BOP to teach the class so there was no way to get questionnaires to contract facilitators who come to the institution monthly or quarterly to teach a class.

Table 1 Demographics of Study Respondents (n = 28)

Characteristics	Number	Percent
Gender		
Male	18	64
Female	10	36
Age		
20-30	3	11
30-40	16	57
40-50	9	32
>50	0	0
Years in BOP		
1-5	9	32
5-10	7	25
10-15	4	14
>15	8	29
Area of Specialty		
medical	4	14
recreation	3	11
education	6	21
psychology services	9	32
corrections	5	18
other	1	4
Type of facility		
FCI	19	68
USP	2	7
FDC	0	0
FMC	1	4
LSCI	0	
CAMP	6	6

Smoking Cessation Education of Facilitators

When asked how they learned to teach smoking cessation classes 12 facilitators (43%) said they were self-taught (Table 2). Eight of these facilitators had taken a self-teaching course through the American Cancer Society or other organizations. Eleven respondents (39%) stated they had attended workshops. Only one respondent received training through the BOP. Twelve of the 28 stated they would be interested in ongoing education in teaching smoking cessation.

Table 2 How Facilitators Learned to Teach Smoking Cessation Classes

Source of Learning	N	Percent
Prior education	4	14
Workshop	11	39
Conference	0	0
Self-taught	12	43
BOP training	1	4
Other	0	0
Total	28	100

Note. Percent = Valid percentages; N = Frequency of response

Knowledge and Skill Levels

Only two of the 28 facilitators felt they needed more knowledge to teach smoking cessation classes. More than 80% of facilitator rated their knowledge level highest in the areas of tobacco health effects, addictive characteristics, health/behavior beliefs, types of tobacco use, and stages of tobacco cessation. Over70 percent of the facilitators had little knowledge concerning the report, Healthy People 2000. Ten facilitators (36%) rated

their skill level as only fair when teaching nicotine replacement and three (11%) rated their skill level in this area as poor. (Response ratings for each area are summarized in Table 3).

Table 3 Knowledge Levels of Smoking Cessation Facilitators

Subject	No Knowledge	Some Knowledge	Good Knowledge	Proficient Knowledge
Tobacco Health Effects	0	2	13	13
Types of Tobacco Use	0	5	13	10
Tobacco Use Statistics	1	9	15	3
Healthy People 2000	13	7	4	4
Addictive Characteristics	0	2	13	13
Use of Nicotine Gum	2	11	10	5
Use of Nicotine Patches	2	9	12	5
Use of Medications	6	11	8	3
Tobacco Dependency Stages	0	9	13	6
Health/Belief Behaviors	0	3	14	11
Stages of Cessation	0	5	14	9
Inmate Resources Available	1	6	15	5

Numbers = frequency of response

Classes

The frequency with which smoking cessation classes are offered to inmates varies considerably, ranging from weekly too annually (Table 4). Six of the 28 facilitators offer classes on a regular basis but according to need.

Table 4 How often Classes are Offered

Frequency	Number	Percent
Monthly	2	8
Quarterly	7	25
Annually	6	21
According to need	13	46
Total	28	100

Note. Percent = Valid percentages N = Frequency of response

Waiting Time

The waiting time for an inmate to start smoking cessation classes varied from walk-ins to greater than three months (Table 5). Only one facilitator reported a waiting time greater than three months.

Table 5 Waiting Time to Attend a Class

Waiting Time	Number	Percent
Walk-ins	6	21
1-6 days	1	4
1-4 weeks	6	21
1-3 months	5	18
> 3 months	1	4
Not Known	3	11
Other	6	21
Total	28	100

Note. Percent = Valid percentages N = frequency of response

Class Size

The most typical class size, based on inmates completing the class, was less than ten (Table6). Five of the facilitators did report classes of greater than thirty inmates. Class size is somewhat unstable since some inmates who signed up for the classes did not actually attend and some classes allowed walk-ins. Also, some inmates were transferred to other institutions or disappeared out of the class for other reasons which made it impossible to keep accurate data on class size.

Table 6 Class Size

Class Size	Number	Percent
1-9	12	43
10-19	8	28
20-29	3	11
>30	5	18
Total	28	100%

Methods used to teach class

When asked about methods used to teach a smoking cessation class, 13 facilitators (46%) stated they used all the usual methods except role play (Table7). These methods include: lecture, discussion, films, and handouts. All facilitators used multiple methods: all used discussion along with at least two other methods when teaching their smoking cessation class.Role play was only used by two facilitators.

Table7 Methods for Teaching Smoking Cessation

Methods	Number	Percent
Lecture	13	46
Role Play	2	7
Discussion	28	100
Films	13	46
Handouts	13	46
Other	0	0

***Based on 28 total responses**

Nicotine Replacement or other Methods used to Assist in Smoking Cessation

Nicotine replacement was offered in only one facility. Since nicotine gum cannot be used due to security regulations within the prison facility, 11 facilitators (39%) would like to see nicotine patches used. Three facilitators would also like medications to be offered. Only two facilities presently offer medication and two offer hypnoses. Follow-up counseling was stated by six facilitators as their only means to assist the inmate in smoking cessation.

Summary

The purpose of this study was to find out if a smoking cessation class was being offered to and utilized by the inmates in the Federal Bureau of Prisons and if it was offered was it effective, who was teaching the class, and how were they educated or qualified to teach. This study showed that only 28 of the 51 facilities returning their questionnaires offer smoking cessation classes at the present time. Several reasons given why smoking cessation classes were not being offered included lack of interest of the

inmates, no one to facilitate the class, or no funding available at the present time.

Data provided showed most smoking cessation class facilitators were male. The facilitators were not trained by the BOP but had obtained the training and education on their own through self-taught courses. Smoking cessation classes are offered at various times in different facilities with 25% offering weekly classes. Accurate data on class size was difficult to obtain because inmates may have signed up for classes and never attended or gotten transferred to another facility before or during the class. Almost all facilitators kept records of those inmates who had registered for the class, not those actually attending or completing so complete data was not obtained on the effectiveness of the smoking cessation classes. Almost half the facilitators reported a waiting time of less than four weeks. All facilitators used discussion and almost half reported use of films, lecture, and handouts. The methods of teaching appear consistent throughout the BOP. The area of most concern to facilitators was nicotine replacement. Only two of the 28 smoking cessation facilitators reported the use of any type of nicotine replacement. No medications are offered at this time and hypnosis was offered at two facilities. Greater than one-third of the facilitators added comments stating the desire to add nicotine replacement to their present smoking cessation program.

CHAPTER V SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The medical care of inmates has long been one of the most costly and studied issues for all prison systems. Society has a moral as well as legal responsibility to provide the best medical care available to incarcerated individuals. Smoking has been cited as a major cause of illness and disease. It is the subject of many programs of health promotion and disease prevention. Prison medicine needs public health guidance to assure that its future is focused on preventing illness as well as treating it. Smoking cessation classes, as a method of illness prevention, assist inmates in quitting the tobacco habit. The need to offer classes along with nicotine replacement and good follow-up has been documented in past studies.

A descriptive research design was implemented in order to describe smoking cessation activities in the BOP. The statistics provide information on facilitators, frequency, and attendance, but not on success rates of smoking cessation classes. The questionnaire used in the study was designed by the researcher and obtained the information needed to answer the research questions.

Conclusions

Sample

Smoking cessation facilitators were the target population and were contacted through the warden in the facility to which they were assigned. A total of 96 questionnaires were mailed to all institutions within the Federal prison system to obtain this information. A total of 51 questionnaires were returned; 28 were completed

by smoking cessation facilitators who offered smoking cessation classes.

Research Questions

Research Question 1. Are smoking cessation classes being offered in the Federal Bureau of Prisons?

At the present time, there are no policies in the Federal prison system on how often smoking cessation classes need to be offered or if they need to be offered at all. The research showed that smoking cessation is being offered in some institutions but not in all of them. Twenty eight of the 51 questionnaires returned stated that smoking cessation classes were offered at their facilities. Six of these 28 also stated they taught at two facilities which brought the total of facilities offering smoking cessation classes to 30. Forty-five institutions did not return the questionnaires. There are several reasons why questionnaires may not have been returned, such as, not offering smoking cessation classes, time constraints, loss of the questionnaire, or the facilitator not wanting to participate in the study. This made it impossible to determine exact figures on how many institutions do or do not provide smoking cessation classes.

Smoking cessation classes were offered at various times in the institutions surveyed. Many institutions offered classes on a need basis. When an adequate number of inmates signed up for a class, it was offered. These classes could be held anytime from weekly to once every three months. All institutions stated there was a waiting time of no more than three months to attend a class.

Research question 2. What nicotine replacement therapies are being offered?

The nicotine patch was offered in one facility as nicotine replacement therapy. The

other facilities offered no nicotine replacement at this time although 11 facilitators (39%) stated they felt it would be beneficial to the inmate if offered along with classes. The use of medication was also mentioned by several facilitators as a useful method to assist inmates in smoking cessation although they felt they needed more information in this area. Nicotine gum is not allowed in the prison due to security reasons.

Research Question 3. Who is conducting the class and educating the inmate on smoking cessation?

The research showed the majority of facilitators were male between 30 and 40 years of age. This is most likely due to the fact that males compose the majority of employees in the BOP. The average length of employment in the BOP is six years, but it ranged from two to more than 15 years.

Most facilitators worked in psychology services (32%) and were assigned to a Federal Correctional Institute (FCI). Psychologists are trained in behavioral modification which is an essential part of smoking cessation. Many institutions rely on psychology services to assist in smoking cessation.

Research question 4. What training is given to the class facilitator?

When responding to how they were taught about smoking cessation promotion almost half (43%) of the facilitators said they were self-taught and of these 21% also went to a workshop offered by various organizations. Only one respondent received training through the BOP. Many respondents, (19 of the 28 facilitators who are now teaching the class), stated they would be interested in more training in this area. Only two facilitators felt they were not prepared to teach smoking cessation classes. The only area

where the majority stated they had little or no knowledge was about the report, Healthy People 2000. They also rated low on skills in teaching nicotine replacement.

All facilitators stated they used discussion as a method in teaching smoking cessation. In addition, other methods such as films, handouts, and lecture were used by 46% of the facilitators. This shows that most facilitators were using more than one method to assist the inmate in smoking cessation.

Research Question 5. What are the success rates?

Most classes (36%), included one to 10 inmates with the average class consisting of six although there were five facilitators who reported classes with greater than 30 inmates. These numbers included inmates who signed up for the class but did not attend even though they had registered for it. Inmates who joined the class after it had already begun were not included. It was difficult for facilitators to keep records of class participation because many inmates were transferred to other institutions before classes were completed. This also made it difficult to determine accurate success rates for completion of the class. Facilitators (43%), did report that the average number of inmates who complete classes was five.

This study revealed that smoking cessation programs are not being offered in all institutions. This may be due to either no interest on the part of inmates or the lack of an instructor. It showed a need for better documentation of how many inmates actually stop using tobacco after attending the class. Many facilitators stated they didn't keep records or do follow-up on inmates who complete the class so it was difficult to access success rates. The time constraints in doing the research made it difficult to obtain responses

from some institutions where an outside facilitator is used. Many outside facilitators only teach one class on a quarterly basis and the questionnaire asked for a response within two weeks of receiving it.

Recommendations

Implications for Further Research

The research questions presented were all encompassing and included multiple variables making the processing of analyzing the data difficult and time consuming. Information gathered in this study may provide a starting point for future research. Further research on smoking cessation in the Federal Bureau of Prisons would be helpful in assessing future needs such as a more standardized type of smoking cessation class, regular training programs for smoking cessation facilitators, and ways to keep better records on success rates . This study revealed several areas which need further investigation. It may be more beneficial to study smoking cessation classes and their success rates on a smaller scale. A study of a few institutions who have smoking cessation classes would give the researcher a better chance of obtaining more precise data on how many inmates actually take the class and complete it, success rates among inmates to remain tobacco free after taking the class, and what methods work best in instructing the class. It would also be useful to get feedback from inmates on nicotine replacement and its ability to assist them in quitting the tobacco habit.

Implications for the Nurse Practitioner

Nurse practitioners working for the Federal Bureau of Prisons are in a prime position to act as future advocates and change agents for health promotion and disease

prevention. By being more active in smoking cessation activities nurse practitioners can offer their expertise in assisting the BOP to enhance smoking cessation programs.

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Appendices

Appendix A. IRB Review and Approval of Protocol TO6195 for Human Subject Use

Appendix B. IRB approval Federal Bureau of Prisons

Appendix C. Cover Letter to Warden

Appendix D. Cover Letter to Facilitator

Appendix E. Tool

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

December 14, 1998

MEMORANDUM FOR JUDY L. MITCHELL, GRADUATE SCHOOL OF NURSING

SUBJECT: IRB Review and Approval of Protocol **T06195** for Human Subject Use

Your research protocol, entitled "***Smoking Cessation in the Federal Bureau of Prisons,***" was reviewed and approved for execution on **12/14/98** as an **exempt** human subject use study under the provisions of 32 CFR 219.101 (b)(2) . This approval will be reported to the full IRB, scheduled to meet on 14 January 1999.

The purpose of this study is to : 1)determine if smoking cessation classes are being offered to inmates who wish to quit smoking, 2) identify what types of classes and therapies are offered, 3) determine who facilitates the classes and their level of training, and 4) determine the success rate of those who attended the classes. The IRB understands that this study will be conducted by surveying all 135 Bureau of Prisons facilities regarding their smoking cessation class offerings. This study involves no inmate contact and no collection of personally identifiable information.

Please notify this office of any amendments or changes in the approved protocol that you might wish to make and of any untoward incidents that occur in the conduct of this project. If you have any questions regarding human volunteers, please call me at 301-295-3303.

Richard R. Levine, Ph.D.
LTC, MS, USA
Director, Research Programs and
Executive Secretary, IRB

cc: Director, Grants Administration

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UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

November 16, 1998

Dear Warden,

Please allow me to introduce myself and the purpose of this letter. I am a Lieutenant with U.S. Public Health Service. I was a registered nurse stationed with the Federal Bureau of Prisons for three years before entering the Uniformed Services University of the Health Sciences, Bethesda, Md.

Currently I am a graduate student in the family nurse practitioner program at the university. I will be returning to the BOP after graduation. As part of my program requirements, a thesis research project must be completed. My thesis topic is titled: " Smoking Cessation Classes and their Effectiveness in the Federal Bureau of Prisons."

I'm sending you this letter and questionnaire packet, if it meets with your approval, the letter and questionnaire should be forwarded to the person who facilitates the smoking cessation class at you facility. If a class is not being offered at this time or within the past 12 months please return the questionnaire in the self-addressed stamped envelope which has been provided. The Federal Bureau of Prisons Research Department has given their approval for this study.

Thank you for taking the time in assisting me with this research. If you have any questions please contact me at (301) 588-7354 or the research department at (301) 295-1992.

Sincerely,

Judy L. Mitchell
8502 16th. St.
Silver Springs, Md. 20910

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UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

November 15, 1998

Dear Facilitator,

In the continuing battle to provide efficient as well as effective health care to our inmates I am asking you to take approximately 15 minutes of your time to assist me in this effort. Please allow me to introduce myself and the purpose of this letter and accompanying questionnaire. I am a Lieutenant with U.S. Public Health Service and had worked for three years as a nurse in the federal prison system before entering the university.

Currently I am a graduate student in the family nurse practitioner program at the Uniformed Services University of the Health Sciences in Bethesda, MD. As part of my program requirements, a thesis research project must be completed. My thesis topic is titled: " Smoking Cessation Classes and their Effectiveness in the Federal Bureau of Prisons."

You were selected after a letter was sent to the warden at your institution, asking him to forward this information and questionnaire to the person responsible for facilitating the smoking cessation classes at his institution. The enclosed questionnaire requests some general demographic information, the setting you work in, information about your training and work experience in smoking cessation, the type of class offered, and success rates. It is my hope that this information will assist us in working toward healthier inmates and a healthier work environment for all staff.

Every effort has been made to ensure your identity and all information given is kept confidential. To assure your privacy the questionnaires will be returned in a self-addressed envelope which is provided. This study has been approved by the Bureau of Prisons (see attached sheet). If you desire the results of this study, please send a separate request.

This research is directed under the supervision of a three-member thesis committee from the University. If you have any questions please contact the research department at 301-295-1992.

In order for me to meet required deadlines, please return the questionnaire by **January 25, 1998.**

Please take the time to help me with my research and complete my education. Thank you for your assistance and cooperation.

Sincerely,

Judy L. Mitchell, LT. USPHS
8502 16th. St.
Silver Springs, Md. 20910

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UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
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Smoking Cessation Questionnaire

Part I: Demographic Data (Please provide the following information)

1. Age (years):____
2. Sex: M___ F___
3. Years worked for BOP____
4. Years worked in your area___
5. Job Title_____

5. What is your area of speciality? (Place a check mark in the appropriate answer to each question)
   a. Medical___
   b. Recreation___
   c. Education___
   d. Psych. Services___
   e. Corrections___
   f. Other___

6. How long have you been a smoking cessation class facilitator?
   a. Less than 1 year___
   b. 1-2 years___
   c. 2-4 years___
   d. More than 4 years___

Part II: Setting

7. Please describe your facility:
   a. FCI____
   b. USP___
   c. FDC___
   d. FMC___
   e. LSCI___
   f. Camp___
   g. Other (specify)_____

8. How often are smoking cessation classes being offered at your facility?
   a. Monthly___
   b. Quarterly___
   d. Annually___
   e. Other___

9. What is the waiting time for an inmate to enter a smoking cessation program?
   a. Walk-ins accepted___
   b. 1-6 days___
   c. 1-4 weeks___
   d. 1-3 months___
   e. Longer than 3 months___
   f. Not Known___
   g. Other (specify)___

Part III: Facilitators Training

10. How did you learn about smoking cessation?
   a. Prier education___
   b. Workshop___
   c. Conference___
   e. Self-learned___
   f. BOP training___
   g. Other (specify)___

(Please place a check mark in the appropriate box for each item-- in question numbers 11 and 12)

11. How would you describe your knowledge level for the following?

	No Knowledge	Some Knowledge	Good Knowledge	Proficient Knowledge
a. Tobacco health effects				
b. Types of tobacco use				
c. Tobacco use statistics				
d. Healthy People 2000 Objectives				
e. Addictive Characteristics				
f. Use of nicotine gum				
g. Use of nicotine patches				
h. Use of medications in smoking cessation				
I. Tobacco dependency stages				
j. Health / Behavior beliefs				
k. Stages of tobacco cessation				
l. Inmate resources available				

12. What do you feel is your skill level for providing smoking cessation care?

	Poor	Fair	Good	Excellent
a. Answering questions				
b. Discussing health effects of tobacco				
c. Counseling to quit				
d. Providing information on nicotine replacement				
e. Provide follow-up				

Part IV: Smoking Cessation Classes

13. What methods are used in smoking cessation classes? (Check all that apply)
    a. Lecture___
    b. Role Play___
    c. Discussion___
    d. Films___
    e. Hand Outs___
    f. Other___

14. How many inmates attended your last 3 smoking cessation classes? (Number)___

15. How many completed the classes? (Number)___

16. Is nicotine replacement therapy offered at your facility?
    a. Yes___
    b. No___

17. What other methods are offered to assist in smoking cessation?
    a. Medications___
    b. Hypnosis___
    c. Other (specify)___

Please feel free to add any additional comments (you may use the space provided below or the back of this paper)

_____

_____

_____

Thank You!!!